

## Official New Hampshire Tuberculosis Statements TB/HIV

Last Revised: 11/30/2000

# OFFICIAL NEW HAMPSHIRE STATEMENT RE: TB AND HIV/ OTHER IMMUNOCOMPROMISED INDIVIDUALS

The TB Advisory Committee, in conjunction with the TB Control Program, Office of Community and Public Health, adopts the following recommendations regarding TB infection among other immunocompromised individuals.

1. HIV testing of all individuals with active tuberculosis was adopted as **the standard of care** in New Hampshire at the November 1999 meeting of the TB Advisory Committee. If HIV positive, the treatment plan should be adjusted according to current ATS and CDC Guidelines. Treatment should be administered by Directly Observed Therapy (DOT), the standard of care for all TB cases in New Hampshire. 2. All individuals with HIV infection should receive a tuberculin skin test. Centers for Disease Control and Prevention. Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations: Recommendations of the Advisory Council for the Elimination of Tuberculosis, MMWR, September 9, 1995, vol. 44, No RR-11. Any such individual with a reading of 5mm induration, regardless of age, should be strongly considered for preventive therapy. Centers for Disease Control and Prevention. Core Curriculum on Tuberculosis, Third Edition, 1994, U.S. Department of Health and Human Services, Public Health Services. Therapy should be prescribed per current CDC recommendations once active pulmonary or extra pulmonary tuberculosis disease has been ruled out. HIV infected individuals with non-reactive skin tests and considered potentially anergic may also be considered for TB preventive therapy based on their individual TB exposure history. CDC Guidelines no longer recommend routine anergy testing. MMWR, Anergy Skin Testing and Preventive Therapy for HIV-Infected Persons: Revised Recommendations, September 5, 1997, vol. 46, No. RR-15.

3. Individuals with a positive tuberculin skin test, as determined by the individual's risk category, should be evaluated for risk of HIV infection, and should receive HIV testing as appropriate. The HIV status of the patient will impact the decision to initiate TB preventive therapy, and the duration of such therapy. Control of Tuberculosis In the United States, American Review of Respiratory Diseases, vol. 146, No. 6, December 1992.

4. All individuals should receive a tuberculin skin test **prior** to the initiation of any immunosuppressive therapy such as: organ transplantation, cancer chemotherapy and radiation therapy. If the skin test is reactive (see 3. above), preventive therapy should be considered. If preventive therapy is not administered, the individual should be closely monitored for the development of active tuberculosis disease.

**RATIONALE:** The Centers for Disease Control (CDC) estimate that 10-15 percent of all TB cases and nearly 30 percent of cases among people ages 25-44 occur in HIV infected individuals. Centers for Disease Control and Prevention Update. The Deadly Intersection Between TB and HIV, June 1998. In addition, studies indicate that HIV risk assessments don't necessarily reflect

true risk. CDC surveillance data shows that as of December 31, 1998, 15 % of all AIDS cases and 39% of all HIV cases were initially reported without risk factors. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 1998; 10 (2).

Persons infected with human immunodeficiency virus (HIV) are at risk for having active tuberculosis (TB) disease because of either reactivation of latent infection with *Mycobacterium tuberculosis* or rapid progression of newly acquired infection. Active TB, in turn may hasten the natural progression of HIV infection. Centers for Disease Control and Prevention, Prevention and Treatment of Tuberculosis Among Patient Infected with HIV: Principles of Therapy and Revised Recommendations, MMWR 1998; 48 (NO. RR-20): 6-7. Compared with immunocompetent persons who are infected with *M. tuberculosis*, infected persons who are immunosuppressed are at considerably greater risk of developing TB disease. Studies suggest that the risk for developing TB disease is 7% to 10% each year for persons who are infected with both *M. tuberculosis* and HIV, whereas it is only 10% over a lifetime for persons only infected with *M. tuberculosis*. Centers for Disease Control and Prevention. Core Curriculum on Tuberculosis, third Edition, 1994, U.S. Department of Health and Human Services, Public Health Services. Initially Approved: May 21, 1998  
Updated: March 30, 2000

1. Centers for Disease Control and Prevention. Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations: Recommendations of the Advisory Council for the Elimination of Tuberculosis, MMWR, September 9, 1995, vol. 44, No RR-11.
2. Centers for Disease Control and Prevention. Core Curriculum on Tuberculosis, Third Edition, 1994, U.S. Department of Health and Human Services, Public Health Services.
3. MMWR, Anergy Skin Testing and Preventive Therapy for HIV-Infected Persons: Revised Recommendations, September 5, 1997, vol. 46, No. RR-15.
4. Control of Tuberculosis In the United States, American Review of Respiratory Diseases, vol. 146, No. 6, December 1992.
5. Centers for Disease Control and Prevention Update. The Deadly Intersection Between TB and HIV, June 1998.
6. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 1998; 10 (2).
7. Centers for Disease Control and Prevention, Prevention and Treatment of Tuberculosis Among Patient Infected with HIV: Principles of Therapy and Revised Recommendations, MMWR 1998; 48 (NO. RR-20): 6-7.
8. Centers for Disease Control and Prevention. Core Curriculum on Tuberculosis, third Edition, 1994, U.S. Department of Health and Human Services, Public Health Services.